STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM: TOUR OF HECO FACILITIES

This form must be completed and returned prior to participation in a Tour of Hawaiian Electric Company.

Student's Name:	Scho	ool:
Last	First Middle Initial	
Date of Activity:	Sex:	Male / Female
Name of Activity: TOUR OF HECO FAC	ILITIES Place of Activity: HAWAII	AN ELECTRIC COMPANY
This application to participate in the aboobey all HAWAIIAN ELECTRIC COMPAN		and is made with the understanding that I agree to
Signature of Student:		Date:
	sent for the above <u>Student</u> to participate in CTRIC COMPANY, INC. may render <u>First Aic</u>	a TOUR of at Hawaiian Electric Company. In the if an employee is so qualified to do so.
In case of Accident or Serious Illness, no	tify:	
Name of Person to Contact:		Phone:
	IAWAIIAN ELECTRIC COMPANY, INC. to copy be necessary to respond to a medical eme	ontact the following Physician, if I cannot be notified, rgency:
Physician's Name:		Phone:
I have the following insurance which o	covers any injury incurred in the <u>Student's</u>	g participation in this activity.
Health and Accident Insurance Carrier		Policy No.:
Subscriber's Name:		Group Number:
		-
to go on o guardians, hereby waives any and all rig have to claim or bring an action agains injury or death, or damage to or loss of Company's premises whether such an	or use the premises of Company,	company, INC. ("Company") of permission for through his/her parents or legal gh or because of him/her might now or in the future es, agents and successors, on account of personal ulting directly or indirectly from his/her presence on ted to by the negligence of Company, its officers, premises themselves, or any equipment thereon.
action, suits, liabilities, claims, demands,	its officers, directors, employees, agents an damages, losses, costs or expenses, including directly or indirectly from his/her presence	ts or legal guardians, does hereby agree to defend, d successors against any and all actions, causes of ing but not limited to reasonable attorneys' fees and e on the Company's premises.
It is intended that the relatives, personal representatives, heirs,	obligations agreed to herein shall be bin successors and assigns.	ding on, guardians,
Signature(s) of Parent(s) or Legal Gua	rdian:	
Mother:	Work Phone:	Date:
Father:	Work Phone:	Date:
Address:		Home Phone:
	Zip Code	

(NOTE: This form is to be completely filled out and signed by the <u>Student's Parent(s)</u> or <u>Legal Guardian</u>. It must be returned to HAWAIIAN ELECTRIC COMPANY, INC. before the <u>Student</u> is allowed to participate in a TOUR OF HECO FACILITIES. The <u>Student</u> is required to have insurance coverage before permission to participate in the program.)